enhancing health, research and health services but some of the ugly and lesser known sides are also described in detail in the book. That set him aside from the rest of the pack, because it made him an evidence-based editor, one that was interested in knowing whether what his journal was doing made people better by publishing good research which may find its way into ethical policies.

This inquisitive and humble approach and the conclusions he comes to in the book have made him the target of some puritans who believe that the book and his work undermines the medical profession and its values, and paints an unduly pessimistic picture. This was an attitude prevailing when the sun was thought to revolve around the earth, and it has not moved (the attitude, not the earth).

The book is sprinkled with bitter–sweet humour. My favourite quote are the instructions to the young incoming editor from his departing predecessor, Stephen Lock: make sure the journal is out on time, and do not introduce American spelling. The selection of quotes from this vibrant and interesting book should give you an idea of Richard’s views based on his extensive and high-level experience and his complete mastery of the evidence relating to his field. Far from being revolutionary, it reflects the abysmal state we are in: thousands of biomedical journals publishing worthless or mediocre research paid for by someone else and (in some cases) becoming rich in the process. Mediocre research is mixed in with (we hope, rarely) fraudulent or spun research. Those who think Richard’s vision pessimistic are the ones that are out of touch with reality.

Richard Smith does not propose a solution to this impossible state of affairs, other than believing that open access and the emphasis of ethical and evidence-based practice in the long run will make a difference. I hope so, but in the meantime I would recommend you to read the book, especially if you still believe in Father Christmas and the Tooth fairy.

Competing interests:
I know and deeply respect Richard Smith and am personally beholden to him. This has almost certainly biased my judgement.

Note: This review is based on a similar one appearing in Italian on ‘Recenti Progressi in Medicina’ (Il Pensiero Scientifico Editore, Roma).

My interview with Richard Smith was published in October in Attenti alle Bufale News (www.attentiallebufale.it), my own website.

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Health Inequalities and Welfare Resources: Continuity and Change in Sweden. Johan Fritzell and Olle Lundberg(eds).

Reducing health inequalities is now a high priority for most developed nations but remains a public policy challenge in both theoretical and applied domains. Researchers interested in the social determinants of health come to different conclusions about the relative importance of material and psychosocial pathways; public health interventions, as often serve to widen health inequalities as they succeed in narrowing them; and policy makers and politicians alike seem unwilling to shift from a view that individual behaviour is the chief determinant of health to one that recognizes the fundamental importance of the social and economic
HEALTH INEQUALITIES
AND WELFARE RESOURCES

Continuity and change in Sweden

Edited by Johan Fritzell and Olle Lundberg

Swedish welfare system, with its commitments to poverty reduction, labour market inclusion and full employment, care provision for children and the elderly, and generous benefits. The findings show a complicated picture, some of it surprising. In the early 1990s Sweden experienced a severe economic recession and the impact of this on health is explored in several chapters. Whilst life expectancy has improved for Swedes, levels of psychological distress and musculoskeletal pain are increasing and levels of self-rated health have declined. Although Sweden ranks high on women’s empowerment, the gender gap in musculoskeletal pain has grown over time—which the authors ascribe to deteriorating working conditions for women and the fact that women have a high burden of unpaid domestic work in addition to employment. A chapter taking a life-course approach shows that social class inequalities in health have widened, but at the same time class of origin has become less predictive of later health, reflecting more equality of opportunity. Another chapter, on social capital and health, demonstrates how informal social ties and levels of trust have increased, whilst membership of voluntary societies has decreased. In yet another, we learn that relative income measured in comparison to people of similar socioeconomic status is related to health for men, whilst relative income measured as the ability to buy necessary goods matters much more for women. Psychosocial conditions at work deteriorated and psychological distress increased. But we are also presented with evidence that a sense of coherence can buffer the effects of work strain, at least for women. School children, especially girls, also appear to be under increasing strain and to have increasing levels of psychosomatic complaints, but again we see that the effects of such strain can be buffered by a sense of control.

These complex findings and issues are clearly presented and discussed, and we learn much about the social determinants of health and levels of health inequalities in Sweden. Yet the book raises as many questions as it answers and never quite manages to live up to its goal of showing us how the Swedish welfare state shapes the health of the nation. What is missing, I believe, are two complementary scales of analysis that would enrich the interpretation of these findings. Although the authors of some chapters refer to other countries when discussing their findings, I found myself always wanting to know more about how Sweden compares to other countries. For example, it is clear that Swedish school students report high levels of parental and teacher support—85% report having support from both sources—but is this higher than in less equal countries like the UK and the USA? Are levels of support similar or different in other egalitarian countries, like Japan, that have very different welfare systems? Despite the methodological challenge of finding comparable data, understanding the ways in which social policies and social structures affect health and other outcomes requires analysis and comparison at the level of whole societies. At the same time, I often wanted to focus the analytical lens more narrowly, to learn what it is actually like to live in the Swedish welfare state, for men and women, for people of different ages and social classes, for Swedish born and immigrants. The insights that can be gained from the Swedish perspective would have been enriched.
by simultaneously widening and narrowing the scale of analysis.

But although it doesn’t quite do what it says on the tin, there are rich pickings, plenty of food for thought and a lot to digest in this book; as a comprehensive and very capable investigation of the social determinants of health in Sweden it makes an important contribution to health inequalities research.

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